

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 03, 2000 08:00 AM**

**Secretary of State**

**DOCUMENT # K87391**

1. Entity Name  
JO BO CA CORPORATION

Principal Place of Business 1 S.E. THIRD AVE. SUITE 2130 MIAMI 33131 FL	Mailing Address 1 S.E. THIRD AVE. SUITE 2130 MIAMI 33131 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0132259</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COPROLITE CORPORATION 1 S.E. 3RD AVE. SUNTRUST INTERNATIONAL CENTER, SUITE 2130 MIAMI 33131 FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	04/03/2000 <small>DATE</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DS	<input type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLASS, STEPHEN A.			NAME	BLASS STEPHEN A		
STREET ADDRESS	ONE SE THIRD AVE., SUITE 2130			STREET ADDRESS	ONE SE THIRD AVE., SUITE 2130		
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP	MIAMI FL 33131		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKEL, MELVIN F.			NAME	FRANKEL MELVIN F		
STREET ADDRESS	ONE SE THIRD AVE., SUITE 2130			STREET ADDRESS	ONE SE THIRD AVE., SUITE 2130		
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP	MIAMI FL 33131		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A. BLASS S 04/03/2000